FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(9)

BEACH DISTRIBUTING, INC.

ncipat Place of Business	Mailing Address	1100
9 SAN CHRISTOPHER DRIVE UNEDIN FL 34698	539 SAN CHRISTOPHER DRIVE Dunedin Fl 34698	

FILED Apr 22 1998 8:00am Secretary of State

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Principal Pla	ace of Business	Mailing Address			100014011 019 11000 10110 01110 00110 0111 \$1011 0101	(BYBIT BIBLE BIRLE BIRLE 100)
	HRISTOPHER DRIVE	539 SAN CHRISTOPHER I	DRIVE			•
DUNEDIN F		DUNEDIN FL 34698	ern th			
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 10/17/1989	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2972950	Not Applicable
Suite, Ap	it.#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Ζ ιρ	Country	Zφ	Country	/	8. This corporation owes or has paid the cu	
24	25		30			∐ Yes ∐ No
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Registered	Agent
	ASSMAN, ALAN S.		81	Name		
	212 COURT STREET		82	Street Ac	Idress (P.O. Box Number is Not Acceptable)	····
_	UITE B					
C	LEARWATER FL 34616		83	l		
			84	City		85 Zip Code
				<u> </u>	propriation submits this statement for the purpose or ration's board of directors. I hereby accept the appropriate the purpose of the purpose	. []
SIGNATURE	Stguature, typed or printed name of registroid ages OFFICERS AND		Registered Ag	ont signature rec	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DV	☐ DELETE	1.1 TITLE			Change Addition
NAME	BEACH, WILLIAM		1.2 NAME			
STREET ADDRESS	I		1.3 STREET	ADDRESS		
CITY-ST-ZIP	DUNEOIN FL		1.4 CITY- 5	31-ZIP		
TITLE	PST PEACL MENDY	DELETE	21 TITLE	į		Change Addition
NAME	BEACH, WENDY		2 2 NAME			
STREET ADDRESS	539 SAN CHRISTOPHER DR DUNEDIN FL		23 STREET			
CITY-ST-ZIP TITLE	DUNCUM FL	DELETE	2 4 CITY- 3.1 TITLE	ST-ZIP		Change Addition
NAME		L) bittle	3.1 TITLE 3.2 NAME			L Change L Augition
STREET ADDRESS			3.3 STREET	Anneree		
CITY-ST-ZIP	`		3.3 STREET	- 1		
TITLE	+	DELETE	4.1 TGLE	DI-TIL		☐ Change ☐ Addition
NAME		_	4. 2 NAME			v
STREET ADDRESS	5		4.3 STREE1	ADDRESS		
CITY-ST-7IP			4.4 CITY - S			
THTLE	1	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS	3		5.3 STREET	ADDRESS		
CITY-SI-ZIP			5.4 CITY - S	ST-ZiP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME	İ		6.2 NAME			
STREET ADDRESS	s		6.3 STREET	ADDRESS		
CITY - ST - ZIP	1		6.4 City-9	ST- 21P		

14. I horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: